Best Available Copy

DRAWINGS			CLAIMS ALLOWED	
Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.
			NOTICE OF ALLOWANCE MAILED	
(Assistant	Examiner)	(Date)		
]		İ		
		ISSUE FEE		
			Amount Due	Date Paid
(Primary	Examiner)	(Date)	<u>-</u> _	ng 7,50
			ISSUE BA	TCH NUMBER
() egal instrum	ente Evaminari	(Date)		
	(Assistant	Sheets Drwg. Figs. Drwg. (Assistant Examiner)	Sheets Drwg. Figs. Drwg. Print Fig. (Assistant Examiner) (Date)	Sheets Drwg. Figs. Drwg. Print Fig. Total Claims NOTICE OF ALI (Assistant Examiner) (Date) ISS Amount Due